



Wall of Honor Application

City of Fredericksburg, Virginia

To recognize and honor those citizens deceased for at least five years who have made outstanding contributions to the City of Fredericksburg, Virginia

Name of Candidate: _____ Date of Birth: _____

Date of Death: _____ Burial Location: _____

Occupations/Professions: _____

Civic Service: _____

Military Service: _____

Awards/Honors Received: _____

Elected/Appointed Positions: _____

Significant contributions to this geographic area and to the betterment of society: _____

Attach supporting documentation/information, such as, but not limited to, photographs, newspaper articles, letters of commendation, obituaries, etc. The Memorials Advisory Commission and the Fredericksburg City Council will be depending solely upon your supplied information and research in considering nominations.

Nominating Person(s)/Organization: _____

Address: _____

Signature: _____ Date: _____ Telephone: _____

* For additional information, call Memorials Advisory Commission Member Ruth C. Fitzgerald at (540) 371-3253.

* Return completed application to the City Clerk/Clerk of the Council, Room 208, City Hall, 715 Princess Anne Street for processing and filing.

Deborah H. Naggs, CMC
City Clerk/Clerk of the Council
Mailing Address: P.O. Box 7447, Fredericksburg, VA 22404-7447
Telephone: (540) 372-1010 Fax: (540) 372-6412